

From: Lucas & Mercanti

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#894 P.001/004

Our ref: BDL-74

Client's ref: 1H527970 0001 US PCT/EB

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

October 7, 2007

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In re Application of: Francois MARCHAND, et al.

Appln. No. : 10/597,770

Filed : August 7, 2006

Title : A METHOD OF EVALUATING THE
NUMBER OF INDIVIDUALS PRESENT IN A
GEOGRAPHICAL AREA
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PTO's Confirmation #5971

Dated: August 23, 2007

CERTIFICATE

I hereby certify that this correspondence is being
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LUCAS & MERCANTI, LLP

BY: Donald C. Lucas
Donald C. Lucas, Reg. No. 31,275

**REVOCATION OF OLD POWER OF ATTORNEY AND NEW POWER OF
ATTORNEY**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Enclosed is a Revocation of the previously submitted Power of Attorney and a
New Power of Attorney with Change of Correspondence Address signed by both
Inventors.


Please enter it in this case.

Should any fees or extensions of time be necessary in order to maintain this Application in pending condition, appropriate requests are hereby made and authorization is given to debit account #02-2275.

Respectfully submitted,

LUCAS & MERCANTI, LLP.

By:



Donald C. Lucas, Reg. # 31,275
(Attorney for Applicant)
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DCL/mr

Enclosure:

Revocation...Change of Address - old
Revocation...Change of Address - new

PTO/SB/82 (01-08)

Approved for use through 12/31/2008. OMB 0651-0035

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/587,770
	Filing Date	8/8/2006
	First Named Inventor	Francois Marchand
	Art Unit	n/a
	Examiner Name	n/a
	Attorney Docket Number	BDL-74

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 20311

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number: 20311

OR

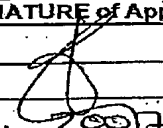
<input checked="" type="checkbox"/> Firm or Individual Name	Francois MARCHAND				
Address	100, Chemin San-Peyre				
City	LE PRADET	State	FRANCE	Zip	83220
Country	FRANCE				
Telephone	(33)4.94.21.63.02	Email	francois-marchand@wanadoo.fr		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature					
Name	Francois Marchand				
Date	JULY 20, 2007		Telephone		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**REVOCATION OF POWER OF
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AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/597,770
Filing Date	8/8/2006
First Named Inventor	Francois Marchand
Art Unit	n/a
Examiner Name	n/a
Attorney Docket Number	BDL-74

I hereby revoke all previous powers of attorney given in the above-identified application.☐ A Power of Attorney is submitted herewith.**OR**☒ I hereby appoint the practitioners associated with the Customer Number:

20311

☒ Please change the correspondence address for the above-identified application to:☒ The address associated with
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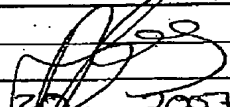
20311

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Alain GIACCONE				
Address	Le Villard Basse Plaine				
City	CHABOTTES	State	FRANCE	Zip	05260
Country	FRANCE				
Telephone			Email		

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	Alain Giacccone		
Date	JULY 20, 2007	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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